**BQMSL Registration Form**

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| --- | --- |
| **Team Name** | **Team Officials Name** |
| Motion Titans | Iain Callaghan |

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| --- | --- | --- | --- | --- |
| **OSA #** | **Players Name** | **Players Address**  **(complete with City and Postal Code)** | **Players Phone #** | **Date of Birth**  **dd/mm/yyyy** |
| Ex. 123456 | Joe Blow | 11 Anywhere place, Trenton, Ontario A1B 2C3 | 613-123-4567 | 01/01/1990 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NOTE:** Please remove the example before submitting.